

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-1284.M2

October 31, 2002

Re: MDR #: M2-02-0692-01
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Eligible-American Board of Orthopedic Surgery.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

Clinical History:

This female claimant was injured on ____ while on her job as a mounted police officer. The MRI performed on 08/08/00 was basically negative for lumbar disc pathology, but with subtle findings at the S-3 level which were consistent with a sacral fracture. She has since received significant amounts of conservative treatment and has received a rating for this mild sacral fracture.

Disputed Services:

Repeat lumbar MRI.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the MRI is not medically necessary in this case.

Rationale for Decision:

At the time this dispute was filed, it did not appear that the patient had experienced any change in her clinical status, such as a new radiculopathy, that would warrant a new MRI. The previously negative MRI for lumbar disc pathology can be used to make any medical decisions regarding her spine. If she does experience changes in clinical symptomatology in her lumbar spine, certainly an MRI would be indicated.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 31, 2002.

Sincerely,